

Application or Docket Number

Effective October 1, 2004 10/511243												3	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY OTHER THAN TYPE OF SMALL ENTITY					
T	OTAL CLAIMS	S	CANCELled					RATE	FEE	7	RATE	FEE	
F	DR		NUMBER FILED		NUMBER EXTRA			BASIC FE	E 555	OR	BASIC FEE	<del> </del>	
TO	OTAL CHARGE	ABLE CLAIMS	minus 20=					XS 9=		7	X\$18=		
INI	DEPENDENT C	LAIMS	Minus 3 =		*				-	OR	<u> </u>		
М	JLTIPLE DEPE	NDENT CLAIM P	RESENT					X 111)	<del> </del>	-OR	x 88		
	the difference	) in column 1 in	loss than -		"0"			* 15C	)	OR	+300		
* If the difference in column 1 is less than zero, ente						column 2		TOTAL	555	OR	TOTAL		
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL		
NTA	23	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO	EST BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
AMENDMENT	Total	· 23	Minus	PAID F		= 3		XS 9=	FEE 27	OR	X\$18=	FEE	
RE	Independent	. 2	Minus	<i>3</i>	₽	= Ö		x 44	1 2 /	1	v 00		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		<b> </b> -	^ 44	-	OH	X 88		
								+150		OR	+300		
								TOTAL ODIT. FEE	27	OR	TOTAL ADDIT. FEE		
		(Column 1)	· · · · · ·	(Colum		(Column 3)	-		·	7 6			
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
S S	Total	· <del>*</del>	Minus	44		= .				OR			
ME	Inaependent	è	Minus	***		=				OR			
	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	ENDENT	CLAIM		-			i i			
							Ŀ	TOTAL	ļ	OR.	·.TOTAL		
							. A	DDIT. FEE		OR :	ADDIT. FEEL		
	<del></del>	(Column 1)		(Columni HIGHEST									
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	ti	Minus	tirti		=	Γ	=		OR			
	Independent	ů	Minus	***		. =	-						
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	•		OR			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE											TOTAL ODIT. FEE		
. 1	he *Highest Num	ber Previously Paid	For (Total or	Independer	nt) is the	highest number	foun	d in the ap	oropriate box	in colu	ımn 1;		